

103D CONGRESS
2D SESSION

H. R. 5141

To reauthorize the Ryan White CARE Act of 1990, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 30, 1994

Mr. WAXMAN (for himself, Mr. DINGELL, Mr. GREENWOOD, Mr. STUDDS, Mr. SHARP, Mr. MARKEY, Mr. SWIFT, Mrs. COLLINS of Illinois, Mr. SYNAR, Mr. WYDEN, Mr. RICHARDSON, Mr. BRYANT, Mr. MANTON, Mr. TOWNS, Mr. KREIDLER, Ms. DELAURO, Mr. DIXON, Mr. FRANK of Massachusetts, Mr. GUTIERREZ, Mr. KLECZKA, Mrs. MALONEY, Mr. MEEHAN, Mrs. MORELLA, Mr. NADLER, Mr. OLVER, Mr. PASTOR, Ms. PELOSI, Mr. RANGEL, Mr. SERRANO, and Ms. VELÁZQUEZ) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To reauthorize the Ryan White CARE Act of 1990, and
for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Ryan White CARE
5 Reauthorization Act of 1994”.

6 **SEC. 2. REFERENCES.**

7 Whenever in this Act an amendment is expressed in
8 terms of an amendment to a section or other provision,

1 the reference shall be considered to be made to a section
2 or other provision of title XXVI of the Public Health Serv-
3 ice Act (42 U.S.C. 300ff et seq.).

4 **SEC. 3. AMENDMENTS.**

5 (a) ESTABLISHMENT OF GRANT PROGRAM.—Section
6 2601 (42 U.S.C. 300ff–11) is amended by adding at the
7 end thereof the following new subsection:

8 “(c) POPULATION OF ELIGIBLE AREAS.—The Sec-
9 retary may not make a grant to an eligible area under
10 subsection (a) after the date of enactment of this sub-
11 section unless the area has a population of at least
12 500,000 individuals, except that this subsection shall not
13 apply to areas that are eligible as of March 31, 1994. For
14 purposes of eligibility under this title, the boundaries of
15 each metropolitan area shall be those in effect in fiscal
16 year 1994.”.

17 (b) EMERGENCY RELIEF FOR AREAS WITH SUB-
18 STANTIAL NEED FOR SERVICES.—

19 (1) HEALTH SERVICES PLANNING COUNCIL.—
20 Subsection (b) of section 2602 (42 U.S.C. 300ff–
21 12(b)) is amended—

22 (A) in paragraph (1), by striking “include”
23 and all that follows through the end thereof,
24 and inserting “be reflective of the demographics
25 of the HIV epidemic in the eligible area in-

1 volved, with particular consideration given to
2 disproportionately affected and historically un-
3 derserved groups.”;

4 (B) in paragraph (2), by adding at the end
5 thereof the following new subparagraph:

6 “(C) CHAIRPERSON.—A planning council
7 may not be chaired solely by an employee of the
8 grantee.”;

9 (C) in paragraph (3)—

10 (i) by striking “and” at the end of
11 subparagraph (B);

12 (ii) by striking the period at the end
13 of subparagraph (C) and inserting “, and
14 at the discretion of the planning council,
15 assess the effectiveness, either directly or
16 through contractual arrangements, of the
17 services offered in meeting the identified
18 needs; and”;

19 (iii) by adding at the end thereof the
20 following new subparagraph:

21 “(D) participate in the development of the
22 Statewide coordinated statement of need initi-
23 ated by the State health department.”;

24 (D) by redesignating paragraphs (2) and
25 (3) as paragraphs (3) and (4), respectively; and

1 (E) by inserting after paragraph (1), the
2 following new paragraph:

3 “(2) REPRESENTATION.—The HIV health serv-
4 ices planning council shall include representatives
5 of—

6 “(A) health care providers, including feder-
7 ally qualified health centers;

8 “(B) community-based organizations serv-
9 ing affected populations and AIDS service orga-
10 nizations;

11 “(C) social service providers;

12 “(D) mental health and substance abuse
13 providers;

14 “(E) local public health agencies;

15 “(F) hospital planning agencies or health
16 care planning agencies;

17 “(G) affected communities, including peo-
18 ple of color, women, and gay and bisexual men;

19 “(H) individuals with HIV or AIDS;

20 “(I) nonelected community leaders;

21 “(J) State government (including the State
22 medicaid agency);

23 “(K) grantees under subpart II of part C;

24 “(L) grantees under section 2671, or, if
25 none are operating in the area, pediatric, youth,

1 and women’s service organizations operating in
2 the area; and

3 “(M) grantees under other Federal HIV
4 programs.”.

5 (2) DISTRIBUTION OF GRANTS.—Section 2603
6 (42 U.S.C. 300ff-13) is amended—

7 (A) in subsection (a)—

8 (i) in paragraph (2)—

9 (I) by striking “Not later
10 than—” and all that follows through
11 “the Secretary shall” and inserting
12 the following: “Not later than 60 days
13 after an appropriation becomes avail-
14 able to carry out this part for each of
15 the fiscal years 1996 through 2000,
16 the Secretary shall”; and

17 (II) by inserting “or the provi-
18 sions of subsection (a)(3)(D)” after
19 “section 2605(c)”;

20 (ii) in paragraph (3)(A)(ii)—

21 (I) by striking “product of 3” in
22 subclause (I), and inserting “product
23 of 9”; and

24 (II) by striking “equal to the
25 product” in subclause (II), and insert-

1 ing “amount equal to twice the prod-
2 uct”;

3 (iii) in paragraph (3)(B)(i), by strik-
4 ing “cumulative number of cases” and in-
5 serting “for the 10 years prior to the fiscal
6 year in question”;

7 (iv) in paragraph (3)(C)—

8 (I) by striking “cumulative
9 cases” in clause (i), and inserting
10 “the number of cases reported and
11 confirmed for the 10 years prior to
12 the fiscal year in question”; and

13 (II) by striking “cumulative such
14 cases” in clause (ii), and inserting
15 “the number of cases reported and
16 confirmed for the 10 years prior to
17 the fiscal year in question”; and

18 (v) by adding at the end of paragraph
19 (3), the following new subparagraph:

20 “(D) MINIMUM AMOUNT.—No eligible area
21 shall receive an amount less than that awarded
22 under subsection (a) to such area in fiscal year
23 1995, except for cause, as determined by the
24 Secretary based on a finding of fraud or an

egregious violation by the grantee of the provisions of this Act.”; and

(B) in subsection (b)(1)—

(i) by striking “and” at the end of subparagraph (D);

(ii) by striking the period at the end of subparagraph (E) and inserting a semicolon; and

(iii) by adding at the end thereof the following new subparagraphs:

“(F) demonstrates the inclusiveness of the planning council membership, with particular emphasis on affected communities and individuals with HIV disease;

“(G) demonstrates the manner in which the proposed services are consistent with the Statewide coordinated statement of need.”.

(3) USE OF AMOUNTS.—Section 2604 (42 U.S.C. 300ff-14) is amended—

(A) in subsection (b)(1)(A), by inserting “treatment education and prophylactic treatment for opportunistic infections,” after “treatment services,”; and

(B) in subsection (e) by striking “reporting, and program oversight functions” and in-

serting “reporting, and the assessment of program effectiveness”.

(4) APPLICATION.—Section 2605(a) (42 U.S.C. 300ff-15(a)) is amended—

(A) in paragraph (1)(B), by striking “1-year period” and all that follows through “eligible area” and inserting “preceding fiscal year”;

(B) in paragraph (4), by striking “and” at the end thereof;

(C) in paragraph (5), by striking the period at the end thereof and inserting “; and”; and

(D) by adding at the end thereof the following new paragraph:

“(6) that the applicant has participated, or will agree to participate, in the Statewide coordinated statement of need process where it has been initiated by the State, and ensure that the services provided under the comprehensive plan are consistent with the Statewide coordinated statement of need.”.

(5) TECHNICAL ASSISTANCE.—Section 2606 (42 U.S.C. 300ff-16) is amended—

(A) by striking “may” and inserting “shall”;

1 (B) by inserting after “technical assist-
2 ance” the following: “, including peer based as-
3 sistance to assist newly eligible metropolitan
4 areas in the establishment of HIV health serv-
5 ices planning councils and,”; and

6 (C) by adding at the end thereof the fol-
7 lowing new sentences: “The Administrator may
8 make planning grants available to metropolitan
9 areas projected to be eligible for funding under
10 section 2601 in the following fiscal year. Not to
11 exceed 1 percent of the amount appropriated
12 for a fiscal year under section 2608 may be
13 used to carry out this section.”.

14 (6) AUTHORIZATION OF APPROPRIATIONS.—

15 Section 2608 (42 U.S.C. 300ff-18) is amended by
16 striking “\$275,000,000” and all that follows
17 through the end of the section, and inserting “such
18 sums as may be necessary in each of the fiscal years
19 1996, 1997, 1998, 1999, and 2000.”.

20 (b) CARE GRANT PROGRAM.—

21 (1) INFANTS AND WOMEN.—Subsection (b) of
22 section 2612 (42 U.S.C. 300ff-22) is amended to
23 read as follows:

24 “(b) INFANTS AND WOMEN.—For each State in
25 which the infants, children, adolescents, and women com-

1 prise greater than 10 percent of the AIDS cases reported
2 to and confirmed by the Centers for Disease Control and
3 Prevention for the 2 most recent fiscal years in such State,
4 not less than 15 percent of funds allocated under this part
5 shall be used to provide health and support services to in-
6 fants, children, women, and families with HIV disease.
7 With respect to a State in which infants, children, youth,
8 and women comprise less than 10 percent of AIDS cases
9 reported to and confirmed by the Centers for Disease Con-
10 trol and Prevention for the 2 most recent fiscal years in
11 such State, planning activities under part B in such State
12 shall assess unmet needs and address the service needs
13 of such populations in their applications.”.

14 (2) HIV CARE CONSORTIA.—Section 2613 (42
15 U.S.C. 300ff-23) is amended—

16 (A) in subsection (a)(2)(A), by inserting
17 “prophylactic treatment for opportunistic infec-
18 tions, treatment education,” after “monitor-
19 ing,”;

20 (B) in subsection (c)—

21 (i) in subparagraph (C) of paragraph
22 (1), by inserting before “care” “and youth
23 centered”; and

24 (ii) in paragraph (2)—

1 (I) in clause (ii) of subparagraph
2 (A), by striking “served; and” and in-
3 serting “served;”;

4 (II) in subparagraph (B), by
5 striking the period at the end and in-
6 serting “; and”; and

7 (III) by adding after subpara-
8 graph (B), the following new subpara-
9 graph:

10 “(C) representatives of organizations with
11 a history of serving children, youth, and women
12 and operating in the community to be served.”;
13 and

14 (C) in subsection (d) to read as follows:

15 “(d) DEFINITION.—As used in this part, the terms
16 ‘family centered care’ and ‘youth centered care’ mean the
17 system of services described in this section that is targeted
18 specifically to the special needs of infants, children (in-
19 cluding those orphaned by the AIDS epidemic), youth,
20 women, and families. Family centered and youth centered
21 care shall be based on a partnership among parents, ex-
22 tended family members, children and youth, professionals,
23 and the community designed to ensure an integrated, co-
24 ordinated, culturally sensitive, and community-based con-
25 tinuum of care.”.

1 (3) PROVISION OF TREATMENTS.—Section 2616
2 (42 U.S.C. 300ff–26) is amended by striking sub-
3 section (c) and inserting the following new sub-
4 sections:

5 “(c) STANDARDS FOR TREATMENT PROGRAMS.—In
6 carrying out this section, the Secretary shall—

7 “(1) review the current status of State drug re-
8 imbursement programs and assess barriers to the
9 expanded availability of prophylactic treatments for
10 opportunistic infections (including active tuber-
11 culosis); and

12 “(2) establish, in consultation with States, pro-
13 viders, and affected communities, a recommended
14 minimum formulary .

15 In carrying out paragraph (2), the Secretary shall identify
16 those treatments in the recommended minimum formulary
17 that are for the prevention of opportunistic infections (in-
18 cluding the prevention of active tuberculosis).

19 “(d) STATE DUTIES.—

20 “(1) IN GENERAL.—In implementing subsection
21 (a), States shall document the progress made in
22 making treatments described in subsection (c)(2)
23 available to individuals eligible for assistance under
24 this section, and to develop plans to implement fully
25 the recommended minimum formulary.

1 “(2) OTHER MECHANISMS FOR PROVIDING
2 TREATMENTS.—In meeting the standards of the rec-
3 ommended minimum formulary developed under sub-
4 section (c), a State may identify other mechanisms
5 such as consortia and public programs for providing
6 such treatments to individuals with HIV.”.

7 (4) STATE APPLICATION.—Section 2617(b) (42
8 U.S.C. 300ff-27(b)) is amended—

9 (A) in paragraph (2)—

10 (i) in subparagraph (A), by striking
11 “and” at the end thereof; and

12 (ii) by adding at the end thereof the
13 following new subparagraph:

14 “(C) a description of how the allocation
15 and utilization of resources are consistent with
16 the Statewide coordinated statement of need
17 (including the needs of children, adolescents,
18 and women) developed in partnership with other
19 grantees in the State that receive funding under
20 this title;”;

21 (B) by redesignating paragraph (3) as
22 paragraph (4); and

23 (C) by inserting after paragraph (2), the
24 following new paragraph:

1 “(3) the public health agency administering the
2 grant for the State shall convene a meeting at least
3 annually of representatives of grantees funded under
4 this title (including HIV health services planning
5 councils, early intervention programs, children,
6 youth and family service projects, special projects of
7 national significance, and HIV care consortia) and
8 other providers (including federally qualified health
9 centers) and public agency representatives within the
10 State currently delivering HIV services to affected
11 communities for the purpose of developing a State-
12 wide coordinated statement of need. The State shall
13 not be required to finance attendance at such meet-
14 ings.”.

15 (5) DISTRIBUTION OF FUNDS.—Section 2618
16 (42 U.S.C. 300ff-28) is amended—

17 (A) by striking subsection (a);

18 (B) by redesignating subsections (b), (c),
19 (d), and (e) as subsections (a), (b), (c), and (d),
20 respectively;

21 (C) by amending subsection (a), as so re-
22 designated, to read as follows:

23 “(a) AMOUNT OF GRANT.—

24 “(1) MINIMUM ALLOTMENT.—

1 “(A) IN GENERAL.—Subject to the amount
2 made available pursuant to section 2620, the
3 amount of a grant to be made under this part
4 for each of the 50 States, the District of Co-
5 lumbia, and Puerto Rico, shall be the greater
6 of—

7 “(i) \$250,000; and

8 “(ii) an amount determined under
9 paragraph (2).

10 “(B) VIRGIN ISLANDS.—The United States
11 Virgin Islands shall be eligible for an allotment
12 under subparagraph (A) if the Secretary cer-
13 tifies that the Virgin Islands has a program in
14 place to effectively utilize additional resources
15 provided under such allotment.

16 “(C) SUPPLEMENTAL ENHANCEMENT
17 GRANTS.—

18 “(i) IN GENERAL.—The Secretary
19 shall award supplemental grants to eligible
20 entities to enhance community-based care,
21 treatment, and supportive services through
22 the development and operation of consortia
23 and innovative approaches.

24 “(ii) ELIGIBILITY.—A State shall be
25 eligible for—

1 “(I) a tier I supplemental grant
2 in the amount of \$500,000 if the
3 number of AIDS cases (in the State)
4 reported to and confirmed by the Cen-
5 ters for Disease Control and Preven-
6 tion total not less than 1500 cases for
7 the 10 years prior to the fiscal year
8 for which the grant is to be awarded
9 and the State does not contain a met-
10 ropolitan area whose chief elected offi-
11 cial is a grantee for funding under
12 part A; or

13 “(II) a tier II supplemental grant
14 in the amount of \$250,000 if the
15 number of AIDS cases (in the State)
16 reported to and confirmed by the Cen-
17 ters for Disease Control and Preven-
18 tion total less than 1500 cases for the
19 10 years prior to the fiscal year for
20 which the grant is to be awarded and
21 the State does not contain a metro-
22 politan area whose chief elected offi-
23 cial is a grantee under part A and
24 whose formula grant exceeds the mini-

1 mum allotment described in subpara-
2 graph (A)(i).

3 “(iii) REDUCTION.—A State that re-
4 ceives a grant under clause (ii)(I), or
5 which would have been eligible to receive
6 such a grant in fiscal year 1995, that sub-
7 sequently contains a metropolitan area
8 that becomes eligible for funding under
9 part A, shall be subject to a 2-year phased
10 reduction in the amount of the grant under
11 clause (ii)(I) as follows:

12 “(I) With respect to the first
13 year in which the metropolitan area
14 receives funds under part A, the State
15 would receive \$500,000 under clause
16 (ii)(I).

17 “(II) With respect to the second
18 year in which the metropolitan area
19 receives funds under part A, the State
20 would receive \$250,000 under clause
21 (ii)(I).

22 “(III) The State would not be eli-
23 gible for funds under this subpara-
24 graph in years subsequent to the year
25 described in subclause (II).

1 “(iv) TERMS.—All terms and condi-
2 tions contained under subsections (b) and
3 (c) of section 2617 shall apply to funds re-
4 ceived under this subsection.

5 “(2) DETERMINATION.—

6 “(A) FORMULA.—The amount referred to
7 in paragraph (1)(A) shall be the product of—

8 “(i) an amount equal to the amount
9 appropriated under section 2620 for the
10 fiscal year involved less the amount needed
11 to carry out subparagraph (B); and

12 “(ii) the ratio of the distribution fac-
13 tor for the State or territory to the sum of
14 the distribution factors for all the States
15 or territories.

16 “(B) DISTRIBUTION FACTOR.—As used in
17 subparagraph (A), the term ‘distribution factor’
18 means the product of—

19 “(i) the number of cases of acquired
20 immune deficiency syndrome in the State
21 or territory, as indicated by the number of
22 cases reported to and confirmed by the
23 Centers for Disease Control and Preven-
24 tion for the 2 most recent fiscal years for
25 which such data are available; and

1 “(ii) the cube root of the ratio (based
2 on the most recent available data) of—

3 “(I) the average per capita in-
4 come of individuals in the United
5 States (including territories); to

6 “(II) the average per capita in-
7 come of individuals in the State or
8 territory.”;

9 (D) in subsection (b), as so redesignated—

10 (i) by amending paragraphs (3) and
11 (4) to read as follows:

12 “(3) PLANNING AND EVALUATIONS.—Subject to
13 paragraph (5), a State may not use more than 10
14 percent of amounts received under a grant awarded
15 under this part for planning and evaluation activi-
16 ties.

17 “(4) ADMINISTRATION.—Subject to paragraph
18 (5), a State may not use more than 10 percent of
19 amounts received under a grant awarded under this
20 part for administration, accounting, reporting, and
21 program oversight functions.”;

22 (ii) by redesignating paragraph (5) as
23 paragraph (6); and

24 (iii) by inserting after paragraph (4),
25 the following new paragraph (5):

1 “(5) LIMITATION ON USE OF FUNDS.—A State
2 may not use more than a total of 15 percent of
3 amounts received under a grant awarded under this
4 part for the purposes described in paragraphs (3)
5 and (4).”

6 (6) TECHNICAL ASSISTANCE.—Section 2619
7 (42 U.S.C. 300ff-29) is amended—

8 (A) by striking “may” and inserting
9 “shall”; and

10 (B) by inserting before the period the fol-
11 lowing: “, including technical assistance for the
12 development and implementation of Statewide
13 coordinated statements of need”.

14 (7) AUTHORIZATION OF APPROPRIATIONS.—
15 Section 2620 (42 U.S.C. 300ff-30), by striking
16 “\$275,000,000” and all that follows through the end
17 of the section, and inserting “such sums as may be
18 necessary in each of the fiscal years 1996, 1997,
19 1998, 1999, and 2000.”.

20 (8) GRIEVANCE PROCEDURES AND COORDINA-
21 TION.—Part B of title XXVI (42 U.S.C. 300ff-21)
22 is amended by adding at the end thereof the follow-
23 ing new sections:

1 **“SEC. 2621. GRIEVANCE PROCEDURES.**

2 “Not later than 90 days after the date of enactment
3 of this section, the Administration, in consultation with
4 affected parties, shall establish grievance procedures, spe-
5 cific to each part of this title, to address allegations of
6 egregious violations of each such part or the intent of the
7 provisions of each such part. Such procedures shall include
8 an appropriate enforcement mechanism.

9 **“SEC. 2622. COORDINATION.**

10 “The Secretary shall ensure that the Health Re-
11 sources and Services Administration, the Centers for Dis-
12 ease Control and Prevention, and the Substance Abuse
13 and Mental Health Services Administration coordinate the
14 planning and implementation of Federal HIV programs
15 in order to facilitate the development of a complete contin-
16 uum of HIV-related services for individuals with HIV dis-
17 ease and those at risk of such disease. The Secretary shall
18 periodically prepare and submit to the relevant committees
19 of Congress a report concerning such coordination efforts
20 at the Federal, State, and local levels as well as the exist-
21 ence of Federal barriers to HIV program integration.”.

22 (c) EARLY INTERVENTION SERVICES.—

23 (1) AUTHORIZATION OF APPROPRIATIONS.—

24 Section 2655 (42 U.S.C. 300ff–55) is amended by
25 striking “\$75,000,000” and all that follows through
26 the end of the section, and inserting “such sums as

1 may be necessary in each of the fiscal years 1996,
2 1997, 1998, 1999, and 2000.”.

3 (2) REQUIRED AGREEMENTS.—Section 2664(g)
4 (42 U.S.C. 300ff–64(g)) is amended—

5 (A) in paragraph (2), by striking “and” at
6 the end thereof;

7 (B) in paragraph (3)—

8 (i) by striking “5 percent” and insert-
9 ing “10 percent including planning, evalua-
10 tion and technical assistance”; and

11 (ii) by striking the period and insert-
12 ing “; and”; and

13 (C) by adding at the end thereof the fol-
14 lowing new paragraph:

15 “(4) the applicant will submit evidence that the
16 proposed program is consistent with the Statewide
17 coordinated statement of need and agree to partici-
18 pate in the ongoing revision of such statement of
19 need.”.

20 (d) GENERAL PROVISIONS.—Section 2671 (42
21 U.S.C. 300ff–71) is amended—

22 (1) by amending the title to read as follows:

1 **“SEC. 2671. GRANTS FOR COORDINATED SERVICES AND AC-**
2 **CESS TO RESEARCH FOR CHILDREN, YOUTH,**
3 **WOMEN, AND FAMILIES.”;**

4 (2) in subsection (a)—

5 (i) by striking “demonstration”;

6 (ii) by striking “and the Director”
7 and inserting “, in coordination with the
8 Director”;

9 (iii) by striking paragraph (1), and in-
10 serting the following new paragraph:

11 “(1) supporting, at the health facilities of such
12 entities, access to and linkages with clinical research
13 on therapies for pediatric patients, youth, and
14 women with HIV disease, and special initiatives re-
15 lated to clinical research and care findings;” and

16 (iv) by amending paragraph (2) to
17 read as follows:

18 “(2) providing and coordinating outpatient
19 health care services and systems of care, directly or
20 through contractual arrangements, to children,
21 youth, and women and their families.”;

22 (3) in subsection (c)—

23 (A) in paragraph (1), to read as follows:

24 “(1) LINKAGES TO RESEARCH.—The Secretary
25 may not make a grant to an applicant under sub-
26 section (a) unless the applicant enters into an agree-

1 ment with an appropriately qualified entity with ex-
2 pertise in biomedical or behavioral research to en-
3 hance voluntary access to research.”; and

4 (B) in paragraph (2)—

5 (i) by inserting after “through the”
6 the following: “Director of the Adminis-
7 trator of the Health Resources and Serv-
8 ices Administration, and in coordination
9 with the”;

10 (ii) in subparagraph (A), by striking
11 “; and” and inserting a semicolon;

12 (iii) in subparagraph (B), by striking
13 the period at the end and inserting “;
14 and”; and

15 (iv) by inserting after subparagraph
16 (B), the following new subparagraph:

17 “(C) may provide training and technical
18 assistance including peer-based assistance
19 through the Health Resources and Services Ad-
20 ministration.”;

21 (4) in subsections (d), (e), and (f), by striking
22 “pediatric patient” each place such term appears
23 and inserting “children and youth”;

24 (5) in subsection (f), by inserting before the pe-
25 riod the following: “, including coordination and ac-

5 “(h) COORDINATION.—The Secretary may not make
6 a grant under subsection (c) unless the applicant submits
7 evidence that the proposed program is consistent with the
8 Statewide coordinated statement of need and the applicant
9 agrees to annually participate in the ongoing revision pro-
10 cess of such statement of need.”; and

(e) SPECIAL PROJECTS OF NATIONAL SIGNIFI-
CANCE.—Title XXVI is amended by adding at the end,
the following new part:

21 "SEC. 2701. SPECIAL PROJECTS OF NATIONAL SIGNIFI-
22 CANCE.

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1 or 3 percent of such amount appropriated under each such
2 part, but not to exceed \$25,000,000, to administer a spe-
3 cial projects of national significance program to award di-
4 rect grants to public and nonprofit private entities includ-
5 ing community-based organizations to fund special pro-
6 grams for the care and treatment of individuals with HIV
7 disease.

8 “(b) GRANTS.—The Secretary shall award grants
9 under subsection (a) based on—

10 “(1) the need to assess the effectiveness of a
11 particular model for the care and treatment of indi-
12 viduals with HIV disease;

13 “(2) the innovative nature of the proposed ac-
14 tivity; and

15 “(3) the potential replicability of the proposed
16 activity in other similar localities or nationally.

17 “(c) SPECIAL PROJECTS.—Special projects of na-
18 tional significance may include the development and as-
19 sessment of innovative service delivery models that are de-
20 signed to—

21 “(1) address the needs of special populations;
22 and

23 “(2) assist in the development of essential com-
24 munity-based service delivery infrastructure.

1 “(d) SPECIAL POPULATIONS.—Special projects of na-
2 tional significance may include the delivery of HIV health
3 care and support services to traditionally underserved pop-
4 ulations including—

5 “(1) individuals and families with HIV disease
6 living in rural communities;

7 “(2) adolescents with HIV disease;

8 “(3) Indian individuals and families with HIV
9 disease;

10 “(4) homeless individuals and families with
11 HIV disease;

12 “(5) hemophiliacs with HIV disease; and

13 “(6) incarcerated individuals with HIV disease.

14 “(e) SERVICE DEVELOPMENT GRANTS.—Special
15 projects of national significance may include the develop-
16 ment of model approaches to delivering HIV care and sup-
17 port services including—

18 “(1) programs that support family-based care
19 networks critical to the delivery of care in minority
20 communities;

21 “(2) programs that build organizational capac-
22 ity in disenfranchised communities;

23 “(3) programs designed to prepare AIDS serv-
24 ice organizations and grantees under this title for

1 operation within the changing health care environ-
2 ment; and

3 “(4) programs designed to integrate the deliv-
4 ery of mental health and substance abuse treatment
5 with HIV services.

6 “(f) DISTRIBUTION OF FUNDS.—Fifty percent of the
7 funds made available under this section shall be provided
8 to geographic areas that are not eligible for funds under
9 section 2603 except that existing grantees shall continue
10 to receive funding for the length of the project period.

11 “(g) COORDINATION.—The Secretary may not make
12 a grant under this section unless the applicant submits
13 evidence that the proposed program is consistent with the
14 Statewide coordinated statement of need, and the appli-
15 cant agrees to participate in the ongoing revision process
16 of such statement of need.

17 “(h) REPLICATION.—The Secretary shall make infor-
18 mation concerning successful models developed under this
19 part available to grantees under this title for the purpose
20 of coordination, replication, and integration. To facilitate
21 efforts under this subsection, the Secretary may provide
22 for peer-based technical assistance from grantees funded
23 under this part.”.

1 **SEC. 4. EFFECTIVE DATE.**

2 (a) IN GENERAL.—Except as provided in subsection
3 (b), this Act, and the amendments made by this Act, shall
4 become effective on October 1, 1995.

5 (b) ELIGIBLE AREAS.—The amendments made by
6 subsections (a) and (b)(4)(A) of section 3 become effective
7 on the date of enactment of this Act.

○

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